## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and (b) indication are represented by the current correspondence address.

maintenance tee notifica	tions.	nerwise in Brock 1, by (		rrespondence address	; and/or (b)	) indicating a sepa	rrate "FEE ADDRESS"	for	
CURRENT CORRESPONDENCE ADDRESS (Note; Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must					
466	7590 12/24	nave us own certificate of mailing of transmission.							
YOUNG & TH 209 Madison Str Suite 500	reet	] : :	Cen hereby certify that the states Postal Service was ddressed to the Mai cansmitted to the USP	<b>dificate of</b> Inis Fee(s) To with sufficient Stop ISS TO (571) 2	Mailing or Trans. ransmittal is being ent postage for firs UE FEE address 73-2885, on the d	mission g deposited with the Uni st class mail in an envel- above, or being facsin ate indicated below.	ited ope nile		
ALEXANDRIA	, VA 22314						(Depositor's nar	me)	
						**************************************	(Signan		
								alc)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/590,346	08/23/2006		Fabien Divo			04-1017	6743		
TITLE OF INVENTIO ASSOCITED CENTERI ASSOCIATED	n: method for m NG/ <del>LOCKING</del> DEVICE BLOCKING	Ē	NG AN OPHTHALMI	C LENS IN A CEP		<del>LOCKING</del> DEVI BLOCKING	CE AND		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	E PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/24/2009	www.	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
STULTZ, JESSICA T		2873	351-178000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list						
Change of corresp	ondence address (or Cha	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or	type)			****		
					ee is identi	ified below, the d	ocument has been filed	for	
(A) NAME OF ASSI		e data will appear on the patent. If an assignee is identified below, the document has been filed for OT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
- *	NTERNATION								
(COMPAGNIE GENERALE D'OPTIOUE)			CHARENTON, FRANCE						
Please check the appropr	iate assignee category of	categories (will not be p	rinted on the patent):	☐ Individual <b>∑</b> C	orporation o	or other private gro	oup entity 🔲 Governm	ent	
4a. The following fee(s)	are submitted;	o. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
X Issue Fee		A check is enclosed.							
Advance Order - 1	No small entity discount p	Payment by credit card. Form PTO-2038 is attached.							
Advance Order - V	# of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).							
5. Change in Entity Sta	tus (from status indicate	đ above)		(IF	' NECE	SSARY)			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
NOTE: The Issue Fee an interest as shown by the i	d Publication Fee (if req records of the United Sta	uired) will not be accepte ttes Patent and Trademar	ed from anyone other th k Office.	in the applicant; a reg	istered attor	ney or agent; or th	ne assignee or other party	y in	
Authorized Signature	Benois	l Carte	1	Date MA	RCH 3	, 2009		***************************************	
Typed or printed name	e BENOIT CAS	Registration No. 35,041							
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bu firginia 22313-1450. DC 13-1450.	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var- rden, should be sent to the ONOT SEND FEES OR	on is required to obtain 1,14. This collection is y depending upon the in the Chief Information Of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any co ficer, U.S. Patent and TO THIS ADDRES	the public w minutes to omments on Trademark S. SEND Te	which is to file (and complete, including the amount of the Office, U.S. Dep O: Commissioner	by the USPTO to proceed g gathering, preparing, me you require to compartment of Commerce, I for Patents, P.O. Box 14	ess) and lete '.O. 150,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.